

## Standard Intake Protocol

**TYPE OF SERVICE:** OT for Home Visit

**IS GP AWARE OF REFERRAL?** YES/NO: No

**NAME OF PERSON GIVING CONSENT:** Sister advises that the client gives consent

**PRESENTING ISSUE:** Client has returned home from hospital three weeks ago – she is receiving physiotherapy 3 x weekly. While she is managing her transfers and toileting her sister is worried about leaving her alone in the kitchen and she would like further assessment in this area.

**HOSPITAL ADMISSION DETAILS:** Was in hospital for 2 wks prior to discharge.

**RELEVANT MEDICAL HISTORY:** CVA (L) hemiparesis – on several medications for her blood pressure – previous heart problems 35 years ago

**WATERLOW SCORE:** N/A

**LEVEL OF RISK:**

**CURRENT SERVICES:** Physiotherapy 3 per week

**FAMILY/SOCIAL SUPPORT:** Lives with sister who made the referral

**LIVING ARRANGEMENTS:** Lives with sister in double room apartment

**DO THEY NEED TRANSPORT:** Request a home visit

**MOBILITY:** Sister says that the client's mobility is improving but she is worried about cooking and kitchen activities

**FALLS:** Nil

**EQUIPMENT IN USE:** Walking aid

**COGNITION:** Alert.

**BEHAVIOUR:** N/A

**ADDITIONAL INFORMATION:** Nil